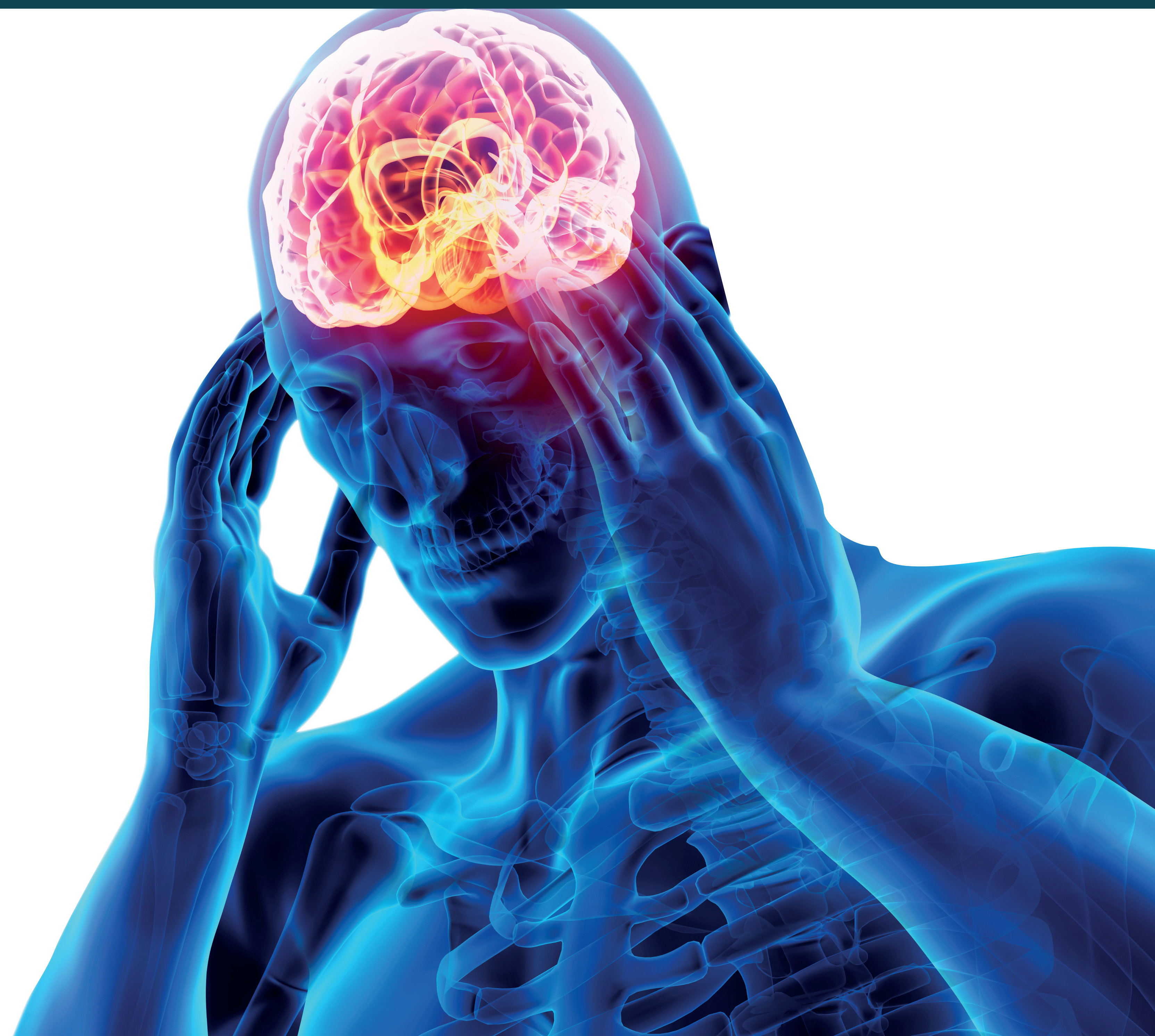
NHS Oxfordshire Clinical Commissioning Group

Oxfordshire headache pathway: new triage system reduces referrals to neurology outpatients department

20 YEARS OF NICE 1999-2019

A new headache pathway in Oxfordshire enables a headache consultant to triage referrals so that patients with migraine can be diagnosed and treated in the community. The project has resulted in an 89% reduction in costly hospital outpatient department appointments for headache, freeing up 979 first appointments for other neurological conditions.



"Expert triage of referrals allows patients to be seen in the right place, first time, and significantly reduces unnecessary referrals to the out-patients department."

Dr Richard Wood, GP Clinical Lead for Neurology, Oxfordshire Clinical Commissioning Group

What we did and why

Headache accounts for 1 in 3 referrals to the neurology outpatients department (OPD). Most of these patients receive a diagnosis of migraine. Migraine is best diagnosed and managed in the community where it is easier for patients to access care and support, and it is also more cost-effective for the healthcare economy. The Oxfordshire headache pathway was designed to address the high number of outpatient referrals for headache.

Now, all headache referrals are triaged by a headache consultant, who can offer alternatives to a hospital appointment as follows:

1. **Written advice:** with reassurance back to the GP-referrer and patient.
2. **Imaging without appointment:** if the imaging is normal, the patient and GP referrer can be reassured and given written advice.
3. **Community headache clinic:** where the patient is be seen closer to home by a GP with a special interest in headache.

Based on preliminary audit, it was predicted that only 34% of all headache referrals to neurology would need to be seen in the OPD following triage.

Outcomes and impact

During the initial three months of piloting this pathway, 89% of all headache referrals were re-directed away from the OPD:

- 11% received written advice.
- 5% received imagine without an appointment.
- 73% attended the community headache clinic.

Over a year this equates to freeing up 979 first outpatient neurology appointments for other conditions.

Taking into account the reduced cost of providing the alternative options, and all running costs of the new headache pathway, across one year we anticipate **a 65% reduction in the cost of headache in the OPD** (a reduction of £268K in Oxfordshire).

Most patients are now seen in the community headache clinic. 94% receive a diagnosis of migraine. 25% receive a diagnosis of medication overuse headache.

In a satisfaction survey in the community clinic, 81% of patients rated their care as "excellent". No patients rated it less than good.

What we learnt

Triage of referrals and the availability of direct access to community-based clinics offers an excellent opportunity for cost savings and improved access to care. For these pathways to work, you must have an expert doing the triage. The risk-aversion profile of the expert is likely to also affect the outcome.

The current NHS electronic referrals system is not fit for the purpose of central triage: the referrer chooses the clinic in which they think the patient ought to be seen and the time frame, but referrers will sometimes get this wrong. Furthermore, the referral letter cannot even be read by the triage until the patient has booked into their chosen clinic. A change in plan post-triage can result in patient confusion and dissatisfaction.

NHS Digital has developed the *Referrals Assessment Service* to allow central triage prior to booking but it is not often taken up by trusts as it requires consultant time to triage, putting the administrative burden of bookings on the provider rather than the referrer.

Education on headaches for non-specialists should focus on reducing referrer anxiety and an undue sense of risk. This message needs to be extended to the public.

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